

EXHIBIT E

Comptroller
of Public
Accounts
FORA05-102
(Rev.9-15/33)**Texas Franchise Tax Public Information Report**To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),
Professional Associations (PA) and Financial Institutions

■ Tcode 13196 Franchise

■ Taxpayer number

■ Report year

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You have certain rights under Chapter 552 and 559,
Government Code, to review, request and correct information
we have on file about you. Contact us at 1-800-252-1381.

Taxpayer name CINCH WIRELINE SERVICES, LLC		Blacken circle if the mailing address has changed.	
Mailing address 4768 FM 624		Secretary of State (SOS) file number or Comptroller file number	
City ROBSTOWN	State TX	ZIP code plus 4 78380	0802072974

○ Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office
Principal place of business

You must report officer, director, member, general partner and manager information as of the date you complete this report.

Please sign below!**This report must be signed to satisfy franchise tax requirements.****SECTION A** Name, title and mailing address of each officer, director, member, general partner or manager.

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Name JUSTIN SPRENCEL	Title MANAGING M	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address 4083 EMIL ST.	City ROBSTOWN	State TX	ZIP Code 78380
Name MICHAEL MENDIETTA	Title MANAGING M	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address 4768 FM 624	City ROBSTOWN	State TX	ZIP Code 78380
Name MARY KAY MCGUFFIN	Title MANAGING M	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address 1300 PLEASANT TRAIL RD	City ALLEYTON	State TX	ZIP Code 78935

SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
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Registered agent and registered office currently on file (see instructions if you need to make changes)

Agent: **MICHAEL MENDIETTA**You must make a filing with the Secretary of State to change registered
agent, registered office or general partner information.

Office: 4768 FM 624	City ROBSTOWN	State TX	ZIP Code 78380
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The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional
sheets for Sections A, B and C, if necessary. The information will be available for public inspection.I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has
been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation,
LLC, LP, PA or financial institution.

sign here	Title President	Date 11/30/23	Area code and phone number (361) 771-5986
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Texas Comptroller Official Use Only

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